

**INDIVIDUAL DEVELOPMENT ACCOUNT
ANNUAL FINANCE REPORT FOR
TAX CREDIT IDAs**

NAME OF ORGANIZATION: _____

REPORTING DATE: _____

PROGRAM NUMBER (ie 00-301): _____

NUMBER OF TAX CREDIT IDAs AWARDED FOR THE REPORTED PROGRAM NUMBER: _____

NUMBER OF ACTIVE TAX CREDIT IDAs FOR THE REPORTING PERIOD: _____

(12 Preceding Months Before May 10 of the Reporting Year)

DOES YOUR ORGANIZATON HAVE MORE THAN ONE TAX CREDIT PROGRAM NUMBER:

IF YES, LIST THE OTHER PROGRAM NUMBER(S): _____

TOTAL DOLLAR AMOUNT OF TAX CREDITS CLAIMED THIS YEAR: \$ _____

**TOTAL NUMBER OF TAX CREDIT IDAs ESTABLISHED THIS YEAR UNDER THE ABOVE
PROGRAM NUMBER:** _____

NAME OF THE BANK: _____

BANK CONTACT NAME & PHONE NUMBER: _____

FEDERAL ID NUMBER OF BANK: _____

TAX CREDIT INDIVIDUAL ACCOUNT SUMMARY: *(Active Accounts Only)*

- Attach a spread sheet with the following information:

IDA Holder's Name:

IDA Holder's ID Number: Program number + social security number (ie. 00-301-307-82-5696).

IDA Bank Account Number:

IDA Savings Amount: Do not include interest or deposits from the previous reporting year.

Tax Credit Match Amount: IDA savings amount **times three**, not exceeding \$900

Total IDA Savings Amount: This amount must equal the financial institution's claim voucher.

Total Tax Credit Match Amount: This amount must equal the financial institution's claim voucher.